

## PROCEDURES FOR OBTAINING **LOCAL ADMINISTRATOR/PROVIDER** ACCOUNTS FOR THE NMCPHC ELECTRONIC DEPLOYMENT HEALTH ASSESSMENT (eDHA) SYSTEM

INTRODUCTION: Due to Health Insurance Portability and Assurance Act (HIPAA) and the Privacy Act requirements, the Navy Environmental Health Center requires assurance from the requesting command or unit that access to sensitive personal and health information will be protected. You can download a copy of "System Authorization Access Request (SAAR) (DD Form 2875) from our website at <https://data.nmcphe.med.navy.mil/edha> or request by email: [edha@nehc.mar.med.navy.mil](mailto:edha@nehc.mar.med.navy.mil).

### Special Instructions for Completing and Submitting DD Form 2875

Preferably, one primary and at least one secondary local administrator should be assigned to each location. One form per Local Administrator, Provider or Provider Screener must be sent to NMCPHC. Once the form is verified, NMCPHC will activate the requested account via email.

**For Local Administrators and Providers**, Part II/blocks 15 - 16b, must be completed and signed by a Department Head or someone delegated "By-Direction" authority of the Unit Commander or higher. **For Provider Screeners**, Part II/block 15 - 16b, must only be completed and signed by the Commanding officer (CO) or Executive Officer (XO). Exclude blocks 17-21.

#### **1. For all LOCAL ADMINISTRATORS and PROVIDER SCREENERS:**

- Complete and submit signed DD2875 to NMCPHC eDHA Helpdesk. Part I (The Requestor) must be completed by the person who will be assigned as the local administrator and/or Provider Screener. One form is required for each account.
- In Block 13, please circle LOCAL ADMINISTRATOR.
- In Block 13, please annotate if you are requesting PROVIDER SCREENER ACCESS.
- Local administrators are to provide NMCPHC the names of PROVIDERS and PROVIDER SCREENERS that left or transferred from the command so that access may be terminated.

#### **2. For ALL MEDICAL PROVIDERS:**

- Complete and submit signed DD2875 to NMCPHC EDHA Helpdesk. Part I (The Requestor) must be completed by the provider. One form is required for each provider account.
- **A Mental Health Assessment (MHA) has to be included with this request in compliance with the National Defense Authorization Act (NDAA). Providers will be required to have a certificate documenting completion of web-based training developed by the Assistant Secretary of Defense for Health Affairs or ASD(HA) and available at <http://fhpr.osd.mil/hha>. The certificate has to be submitted with this request.**

There are several options for getting the form to NMCPHC. If these options do not meet your current IT/communications environment, please contact the eDHA HelpDesk at [edha@nehc.mar.med.navy.mil](mailto:edha@nehc.mar.med.navy.mil) or by phone at 757-953-0717/DSN: 377-0717:

- a. FAX – NMCPHC will contact the official listed in Part II to verify the request and activate the local administrator, Provider or Provider Screener account (**FAX: 757-953-0685 or DSN 377-0685**).
- b. Send by email to the Helpdesk with digital signatures in Part I and II – NMCPHC will activate the requested account immediately.
- c. Print and complete form, scan and send by email without digital signature.
- d. Mail the form to NMCPHC – NMCPHC will contact the official listed in Part II to verify the request and activate the accounts.

Navy and Marine Corps Public Health Center  
(Attn: eDHA HelpDesk)  
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